



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Qualification of Domestic Limited Liability Partnership

Filing Fee \$250.00.

Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Limited Liability Partnership:</u>				
2. <u>Street Address of Chief Executive Office:</u>	Street Address	City	State	Zip Code
3. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address	City	State	Zip Code
4. <u>Name and Street address of agent for service of process (required if partnership does not have an office in Mississippi)</u>	Name of Appointed Agent			
	Mailing Address	City	State	Zip Code
5. <u>Deferred effective date, if any</u>	Date			
6. <u>The Partnership elects to be a limited liability partnership.</u> <u>Optional information:</u>				
7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please: 1. Mark the box at the left. 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued.			
8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page...see section 7)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE			
	Partner Signature		Partner Signature	
	Submit completed form along with the filing fee of \$250.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.			